

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.

10/019287

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 7 | | 9 | | | |
| TOTAL DEP. | 47 | | 67 | | | |
| TOTAL CLAIMS | 54 | | 76 | | | |

| | 1 | | 2 | | 3 | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | 4 | | | |
| TOTAL DEP. | | | 34 | | | |
| TOTAL CLAIMS | | | 38 | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS